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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | | X3) DATE SURVEY COMPLETED 01/13/2015 | |
| NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF COLLEGE PARK | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 8810 COLBY BLVD INDIANAPOLIS, IN 46268 | | | |
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| R000000 | <p>This visit was for the State Residential Licensure Survey</p> <p>Survey dates: January 12 & 13, 2015</p> <p>Facility number :13034 Provider number 13034 AIM number : N/A</p> <p>Survey team : Michelle Hosteter, RN</p> <p>Census bed type: Residential : 24 Other : 24</p> <p>Census payor type: Other : 24 Total : 24</p> <p>Sample : 7</p> <p>These state findings cited in accordance with IAC 16.2-5</p> <p>Quality Review was completed by Tammy Alley RN on January 20, 2015.</p> | | R000000 | <p>The following is the Plan of Correction for Morningside of College Park in regards to the Statement of Deficiencies for the annual survey completed on 1/13/15. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvements to satisfy that objective.</p> | | | |
| R000152 | <p>410 IAC 16.2-5-1.5(i) Sanitation and Safety Standards - Deficiency (i) The facility shall handle, store, process, and transport clean and soiled linen in a safe and sanitary manner that will prevent the spread of infection. Based on observation and interview, the</p> | | R000152 | What corrective action(s) will be | | 02/28/2015 | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| | <p>facility failed to handle soiled laundry in a sanitary fashion for 1 of 23 residents residing in a dementia unit. (Resident #19)</p> <p>Findings included:</p> <p>On 1/12/15 at 3:05 p.m., a large cloth bag was observed to be hanging on the door knob of Resident #19's bathroom door. The bag was noted to have a urine odor to it.</p> <p>On 1/12/15 at 3:10 p.m., the Director of Nursing indicated the bag should not be hanging on the doorknob of the restroom.</p> | | <p>accomplished for those residents found to have been affected by the alleged deficient practice?</p> <p>·Resident # 19's care plan and laundry schedule have been updated to include shower days in addition to any time there is an incontinence issue.</p> <p>How will the facility identify other residents with the potential to be affected by the same alleged deficient practice and what corrective action will be taken?</p> <p>·A review of all residents care plan and laundry schedule will be updated to include "laundry will be done on shower days and as needed for any incontinence issues".</p> <p>What measures will be put in place or what systemic changes will the facility make to ensure the alleged deficient practice does not recur?</p> <p>·At move-in all laundry schedules will include shower days and as needed for any incontinence issues.</p> <p>·Nursing staff will be re-educated on updated laundry schedules and necessity of compliance.</p> <p>How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place?</p> <p>·Executive Director/Director of Nursing will make weekly room checks to monitor laundry.</p> <p>·Nursing staff will monitor apartments during shift change</p> | | | | |

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| R000217 | <p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows: (1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident. (2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review. (3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request. (4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services. (5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided. Based on record review and interview, the facility failed to ensure the service plans included all of the services offered and to specify all of the needs for 3 of 5 records reviewed for service plans in a sample of 7. (Residents #19, 28 and 26)</p> | | R000217 | <p>for excessive and/or soiled laundry.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice? ·Resident 19: Care Plan has been updated by the Director of Nursing to include Resident</p> | | 02/28/2015 | |

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| | <p>Findings included:</p> <p>1. On 1/12/15 at 1:00 p.m., the record review for Resident #19 was reviewed. Diagnoses included, but were not limited to, depression, history of stroke, and dementia.</p> <p>The nurses notes dated 10/31/14 indicated the resident was assessed for Hospice services.</p> <p>The most recent service plan in chart was dated 8/12/14 and had no documentation regarding Hospice services and how often they provide services to the resident.</p> <p>A request was made for more information regarding services.</p> <p>On 1/12/15 at 1:30 p.m., The DON provided a binder for Hospice which had several papers organized by date bound together with a large binder clip.</p> <p>2. On 1/13/15 at 10 a.m., the record review for Resident #28 was completed. Diagnoses included, but were not limited to, dementia, hypersexuality, osteoarthritis, back pain, fibromyalgia, high blood pressure and high lipids.</p> <p>The nurses notes indicated on 9/25/14 the</p> | | <p>receiving Hospice Care.</p> <p>·Resident 28: Care Plan has been updated to show history of hypersexuality and that Resident has maintained control on his own.</p> <p>·Resident 26: Care Plan has been updated to show history of urinary tract infections, behaviors and fall risk.</p> <p>How will the facility identify other residents with the potential to be affected by the same alleged deficient practice and what corrective action will be taken?</p> <p>·All Care plans will be reviewed by Director of Nursing and updated as needed with current and more detailed information.</p> <p>What measures will be put in place or what systemic changes will the facility make to ensure the alleged deficient practice does not recur?</p> <p>·The Director of Nursing/Designee will receive a copy of order changes, in order to complete updates to the Care Plan on a timely basis. Those changes may be hand-written on the existing Care Plans currently in use at the community.</p> <p>·Incident Reports will be reviewed daily by the Director of Nursing/Designee and Care Plans updated to reflect falls, behaviors and/or medication changes.</p> <p>How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance</p> | | | | |

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| | <p>resident was smacking aids on the bottom and after being told it was inappropriate behavior, still displayed behavior.</p> <p>The physician progress notes dated 10/2/14, indicated, "... patient grabbing and newly displayed sexual behavior...Paxil [an antidepressant and antianxiety medication] 10 milligrams daily...10/16/14...side effects, decrease to 5 milligrams...11/6/14...hypersexuality...patient has maintained control of hypersexuality on his own, done Paxil 5 milligrams...."</p> <p>A document titled, "Resident Service Plan documentation" dated 9/3/14 had no indication of any behaviors. There was no other documentation of any other service plan found in the resident's medical record.</p> <p>On 1/13/15 at 12:35 p.m., the DON indicated she had not put this on service plan because when she came he had no behaviors, she does not know about what the other DON had done.</p> <p>3. On 1/13/15 at 1:00 p.m., the record review for Resident #26 was completed. Diagnoses included, but were not limited to, dementia with delusions, recurrent urinary tract infections and gastric reflux</p> | | <p>programs will be put into place?</p> <ul style="list-style-type: none"> Any changes required, based on new or updated evaluations, will be communicated to the Director of Nursing/Designee in order to have the Care Plan updated. Nursing staff will be re-educated on systemic changes being implemented. | | | | |

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| | <p>disease.</p> <p>The nurses notes indicated:</p> <p>4/22/14: Resident running her walker into the staff and calling them a b****.</p> <p>Resident was started on an antibiotic for a urinary tract infection.</p> <p>4/23/14: refusing medication</p> <p>4/27/14: resident fell while walking with walker to the main dining room, no apparent injuries.</p> <p>5/1/14: Resident upset because staff will not let her get her husband out of bed due to him being a 2 person lift and safety concerns. Resident furious and yelling and disruptive. This continued for 4 hours due to the resident wanting to care for husband and staff not able to refocus her attention. Called a family member and had them talk to her, calmed down about 9 p.m.</p> <p>5/2/14 : Still overly protective of husband and tries to keep staff from helping him.</p> <p>5/6/14: Episodes of yelling and cursing at staff and other resident and hitting and digging fingernails into arm of an aid. Attempting to stab staff with a fork and knife.</p> <p>5/7/14: Transported to hospital due to increased agitation and behaviors.</p> <p>5/15/14: Resident found in her room on the floor, resident was angry and will not say how she got on the floor. Denied injury or pain. Uncooperative and</p> | | | | | | |

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| | <p>argumentative with staff regarding her and her husbands care.</p> <p>5/17/14: refusing medications x 3 due to complaints of feeling drowsy. Physician notified and gave approval to put medication in food.</p> <p>6/5/14: resident started on antibiotic for urinary tract infection.</p> <p>6/7/14: 9:40 a.m. found resident on the floor next to the bathroom door. Resident stated she fell when walking to bathroom. Resident had no shoes on. Denies pain or injury.</p> <p>6/15/14: Zyprexa held due to lethargy and difficulty with balance at times.</p> <p>6/23/14: Refusing medications.</p> <p>7/19/14: Resident found on floor in the bathroom on her side by aid. Resident unable to say how she fell. Denies pain, small skin tear noted.</p> <p>7/29/14: Resident found on floor at bedside during round by CNA at 11:20 p.m.</p> <p>9/11/14: Resident ambulating with walker, lost balance and fell. Sustained abrasion.</p> <p>9/28/14: Resident got up from chair to wave good bye to visitors, lost balance and fell, with no injury.</p> <p>10/28/14: Resident was in the restroom, heard the phone ring, hurried up to answer the phone, lost balance and fell.</p> <p>11/22/14 : CNA found resident on the floor. Small skin tear.</p> | | | | | | |

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| | <p>12/25/14: resident had two falls, one resulted in a skin tear and hitting right shoulder on bathroom door. resident no complaints of pain.</p> <p>1/4/15: Resident found on floor in bathroom, sitting on buttocks, resident had a hematoma on her forehead, laceration to left knee and laceration to left elbow. MD notified and resident taken to hospital for evaluation and treatment. Resident returned with an antibiotic for a urinary tract infection.</p> <p>A document with the heading, "Assessment Tool and Service Plan for Licensed Indiana Assisted Living Facility" had the resident's name and was dated 4/21/14. There were three boxes on the document, one titled Pre-Admission Assessment and the box was checked and was dated 4/21/14. The Initial Service Plan box was also checked and was dated 4/21/14. The document had only a nurses signature and had no indication of any information regarding falls, behaviors, or urinary tract infections.</p> <p>On 1/13/15 at 2:05 p.m., the Director of Nursing indicated there was misdocumentation on the Service Plan and that it should have a more current date and should have been marked Continuing Assessment. There was no</p> | | | | | | |

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| R000273 | <p>other Service Plan provided as of the exit conference on 1/13/15 at 3:30 p.m.</p> <p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, interview, and record review, the facility failed to maintain the kitchen in a sanitary manner for 24 of 24 residents who receive food from the kitchen.</p> <p>Findings included:</p> <p>On 1/12/15 at 10:45 a.m., the kitchen was observed to have a fan with heavy gray debris on it facing and blowing over the food prep area. The food prep area had approximately 25 lettuce salads with chicken strips plated and ready to be stored. The Food Service Manager (FSM) indicated at that time, that the fan</p> | | R000273 | <p>What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice?</p> <p>·No Resident was affected by this deficient practice.</p> <p>How will the facility identify other residents with the potential to be affected by the same alleged deficient practice and what corrective action will be taken?</p> <p>·Cleaning schedules have been updated which will require dietary staff to check-off on the tasks completed on specific dates.</p> <p>·The cleaning schedules will assist with monitoring routine cleaning.</p> <p>What measures will be put in place or what systemic changes</p> | | 02/28/2015 | |

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| | <p>needed to be cleaned.</p> <p>There was an observation of an uncovered mixer. The mixer was also observed to have debris on it. The FSM indicated it needed to be cleaned.</p> <p>On 1/12/15 at 10:50 a.m., the walk-in refrigerator was observed to have reddish brown debris on the floor underneath the rack where there was ground beef thawing. There was also particles of debris observed on the floor.</p> <p>On 1/12/15 at 10:52 a.m., the FSM indicated he had been on vacation and it looked as if no one had cleaned it. He indicated they do not have a log where people check off when they do the tasks, however he had a general cleaning list.</p> <p>The undated and untitled document indicated, "...walk in cooler ...to be cleaned daily...1. Sweep floor to remove dirt, 2. Make sure you get <u>under racks</u> 3. Using hot water with floor cleaner, dry mop floor...."</p> | | <p>will the facility make to ensure the alleged deficient practice does not recur?</p> <ul style="list-style-type: none"> ·Dietary staff will be re-educated on new cleaning schedules, requirements for compliance and importance of compliance. How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place? ·Director of Dining/designee will monitor cleaning schedules for compliance. ·Director of Dining/designee will audit areas weekly to verify schedules are being followed. ·Monthly sanitation inspections to be completed by consultant Dietician | | | | |